

## **APPEARANCE FORM (CRIMINAL)**

**Defendant**

**Cause Number:** 79D02-1909-F6-001007

(Previously supplied by Clerk)

(File Stamp)

// Check if *Pro Se*. In the event the defendant decides to represent himself or herself, complete this form listing address and other service information in number 2.

1. Name of Defendant(s) : Kristine Barnett

(All defendants represented by attorney listed below)

2. Attorney information (as applicable for service):

Name: Philip Hayes \_\_\_\_\_ Attorney No. 23929-49

Address: 151 N. Delaware Street \_\_\_\_\_ Phone: \_\_\_\_\_

Suite 1950

Indpls, IN 46204 \_\_\_\_\_ FAX: \_\_\_\_\_

Computer address: \_\_\_\_\_

3. Will Defendant accept service by FAX: Yes No ☒ X

4. Additional information by state or local rule:

Note: If separate attorneys represent separate defendant or separate sets of defendants, use an appearance form for each separately represented defendant or set of defendants.

Authority: Pursuant to Criminal Rule 2.1(B), this form shall be filed at the time a criminal proceeding is commenced. In emergencies, the requested information shall be supplied when it becomes available. Parties shall advise the court of a change in information previously provided to the court. This format is approved by the Division of State Court Administration.